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APPLICANTS

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** CONTINUING DATA **** * *40*

This application is a DIV of 10/163,116 06/05/2002 PAT 6,673,106
 which claims benefit of 60/298,326 06/14/2001

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Examiner's Signature</i>	<i>Initials</i>	DRAWING 2	CLAIMS 8	CLAIMS 1

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TITLE

Intravascular stent device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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